



## Petition for Recognition as a Student Organization

*We the undersigned petition the Office of the Dean of Students for recognition as a campus organization (or club) of Lawson State Community College.*

Proposed Name of Organization: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Membership Qualifications: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Purpose of the Organization: *Please explain how the new organization is distinct from existing student organizations and why the organization's purpose cannot be achieved through existing organizations:*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Organizational Structure: List the names and titles of the proposed organization's leadership (President, Vice-President, Chair, Vice-chair, etc.)


If approved, the organization could be included in the list of campus organizations in any relevant Lawson State Community College publications. For publication purposes, describe your proposed organization in a few sentences.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



## STUDENT ORGANIZATION MEMBERSHIP

The students listed below are interested in becoming members of the proposed organization/club. Each individual listed below must be currently enrolled at Lawson State Community College. For this petition to be considered, at least ten currently enrolled Lawson State Community College students must sign below. Please use additional sheets if needed. ***(Include officers within the membership.)***

Student Name (PLEASE PRINT)	Student Number	Student Signature

**\*Please attach a copy of the bylaws for your organization**



## Advisor Affirmation

Each student organization must have at least one full-time faculty/staff advisor. This advisor must become familiar with the College’s policies, procedures, and practices for travel, fundraising, and access to facilities. Students organizations associated with instructional programs should have advisors from among the faculty within the department. The Office of the Dean of Students or designee will contact the person listed below to notify of the organization’s approval or denial.

Faculty or Staff Advisor: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Faculty or Staff Advisor: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

*I affirm that I am a full-time faculty or staff member of Lawson State Community College and will serve as the advisor for the proposed organization. I accept the responsibility for advocating and advising the organization to follow ethical and equitable practices consistent with the mission and goals of Lawson State Community College.*

Faculty/Staff Advisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Faculty/Staff Advisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*Membership:** Complete the attached list with at least ten charter members and their student numbers. Student numbers will be used to ensure that each student is currently enrolled at Lawson State Community College. Organizations with fewer than ten charter members should explain why the numbers are low and detail a plan for expanding and sustaining membership. Special consideration will be given to instructional groups. Groups with insufficient number should continue meeting or consider meeting with other groups until sufficient interest is generated.

**FOR OFFICE USE ONLY**

Date Received: \_\_\_\_\_

Student Activities Manager

APPROVED	
<input type="checkbox"/> YES	<input type="checkbox"/> NO

\_\_\_\_\_  
Dean of Students/Designee

\_\_\_\_\_  
Date